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**FAX TRANSMISSION TO USPTO**

TO: Commissioner for Patents  
**Attn: Examiner Shick C. Hom**  
 Patent Examining Corps  
 Facsimile Center  
 Alexandria, VA 22313-1450

FROM: George H. Gates  
 OUR REF.: G&C 139.147-US-U1  
 TELEPHONE: (310) 642-4146

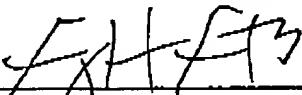
Total pages, including cover letter: 20

**PTO FAX NUMBER: 571-273-8300**

If you do NOT receive all of the pages, please telephone us at (310) 641-8797, or fax us at (310) 641-8798.

Title of Document Transmitted:	<b>TRANSMITTAL SHEETS, PETITION FOR EXTENSION OF TIME, AND AMENDMENT UNDER 37 C.F.R. §1.111.</b>
Applicant:	William C. Y. Lee et al.
Serial No.:	09/733,549
Filed:	December 7, 2000
Group Art Unit:	2666
Title:	QUALITY OF SERVICE ENHANCEMENTS FOR WIRELESS COMMUNICATIONS SYSTEMS
Our Ref. No.:	G&C 139.147-US-U1

Please charge all fees to Deposit Account No. 50-0494 of Gates & Cooper LLP.

By:   
 Name: George H. Gates  
 Reg. No.: 33,500

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Barbara Senter  
 Signature

January 27, 2006  
 Date

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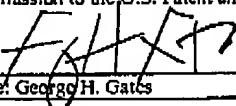
Due Date: January 27, 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: William C.Y. Lee et al. Examiner: Shick C. Hom  
 Serial No.: 09/733,549 Group Art Unit: 2666  
 Filed: December 7, 2000 Docker: G&C 139.147-US-U1  
 Title: QUALITY OF SERVICE ENHANCEMENTS FOR WIRELESS COMMUNICATIONS  
 SYSTEMS

## CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that this correspondence is being filed via facsimile transmission to the U.S. Patent and Trademark Office on January 27, 2006.

By:   
 Name: George H. Gates

MAIL STOP AMENDMENT  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

We are transmitting herewith the attached:

- Transmittal sheet, in duplicate, containing a Certificate of Mailing or Transmission under 37 CFR 1.8.
- Amendment Under 37 C.F.R. §1.111.
- Petition for Extension of Time under 37 C.F.R. 1.136 for 1 month.
- Charge the Extension Fee in the amount of \$120.00 to the Deposit Account.

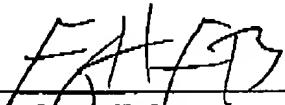
## CLAIMS PRESENT

Claims Remaining:	Highest Number Previously Paid For:	Number Extra	Rate		Fee
<b>Total Claims</b>					
24	32	0	x \$50.00	=	\$0.00
<b>Independent Claims</b>					
6	6	0	x \$200.00	=	\$0.00
<b>MULTIPLE DEPENDENT CLAIM FEE</b>					\$0.00
<b>TOTAL FILING FEE</b>					\$0.00

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

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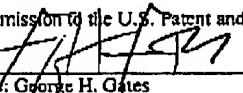
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